N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD MARGIN RESERVED FOR BINDING V WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	STATE OF MARYLAND
6798	CERTIFICATE OF DEATH
County Ville Ville	06-2
(0)	Registration Dist. No.
Village or City (No. (No.	St.; Ward) [If death occurred to a hospital or institution,
	give its NAME instead
FULL NAME Surie Con	of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED.	(Month) (Day) (Year)
Temale Colored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	, 191, to, 191, 191,
(Month) (Day) (Year)	that i last saw h alive on
(Month) (Day) (Year)	-
1 day,hrs.	and that death occurred on the date stated above, at
yrs. / o mos ds. ormio. ?	- no boclor mi altoudance
8 OCCUPATION (a) Frada, profession, or	
particular kind of work.	
(b) General nature of industry, business, or establishment in	(Duration)mosds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Contributory (Secondary)
1 Mayeorg	(Deration) yrsa mos ds.
10 NAME OF FATHER FAIR SALES ON SULLAND	(Signed) Thomas to cal vay sta
M 11 BIRTHPLACE	May 8, 191 3 (Address) Stevensville
State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER A	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
- Com of Financial	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(informant) The state of the st	Former or usual residence
Charles mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Near Chester ma may 1913
Thrus 2. X (U The	20 UNDERTAKER ADDRESS
Filed May 0 ,191.0 REGISTRAR	Hugh a Level Morning On
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	7. D. 10. 1.

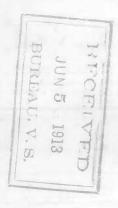


[Approved by U. S. Census and American Public Health Association.]

"Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (6)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); "Croup"); Typhoid fcver (never time and causation), using always the same accepted ("Pneumonla," unqualified, is indefinite); Tubercubrospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Lobar pneumonia; Bronchopneumonia report (avoid use of "Typhoid Carcin-

> mia," "PUEBPEBAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ___ mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ______ (name origin; "Can-ver" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



County Research County 6799	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 5
2 FULL NAME Sephratus &	St.; Ward) a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male While (Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw have allow on May 11913
TAGE If LESS than 1 day,hrs. ORmin,?	and that death occurred on the date stated above, at Somm. The CAUSE OF DEATH* was as follows: Lexile Stelliting
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) Selection of the country of	(Duration) yrs. mos. ds. Contributory Ahus as Galarus (Secondary) (Buration) yrs. mos. ds.
10 NAME OF FATHER NAT / Lucier 11 BIRTHPLACE OFFATHER (State or country) Wat / Cnaucer 12 MAIDEN NAME OF MOTHER CONSTRUCTION	(Signed) , M. D. Mary 7-, 191 3 (Address) Xury Statelle Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Willnamm	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Europe to the Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Cumplement My 16 Filed May 81, 1913 Physician Recistran 15 16 more blacks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL JUND LEVELLE MX 5 + 9 , 181. 20 UNDERTAKER ADDRESS L. Puppin T In Many del

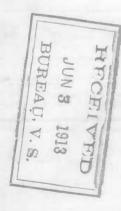


[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pistast Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Puerperal scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chroniu eer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Never report Examples: For VIO-



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2

PLACE OF DEATH Very PHYSICIANS should state OCCUPATION IS 0 PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Married Write the word) Exac(6 DATE OF BIRTH properly classified. (Month) (Day) (Year) 7 AGE If LESS than 1 day,....hrs. OR mic. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, pe business, or establishment lo may which employed (or employer) -----9 BIRTHPLACE (State or country) certificate. so that it 10 NAME OF FATHER 0 11 BIRTHPLACE See Instructions on back DEATH in plain terms, PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE TO THE BEST CAUSE OF mportant. 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 253

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

(Month) (Day) (Ye (Ye (Month) (Day) (Ye (Ye (Ye (Month) (Day) (Ye (Ye (North) (Day) (Ye (North) (Day) (Ye (North) (Day) (Ye (North) (Day) (Ye (Day) (North) (Day) (North) (Nort	ar) fro
(Month) (Day) (Ye I HEREBY CERTIFY, That I attended deceased AL, 1913, to AL, 191	ar) fro
I HEREBY CERTIFY, That I attended deceased March 24, 1913, to 192, 8, 18 that I last saw half alive on 192, 8, 18 that I last saw half alive on 192, 8, 18 the CAUSE OF DEATH* was as follows: (Duration) yrs. 2 mos. Contributory (Secondary) (Doration) yrs. mos. Signed) 192, 191 (Address) Salabara (Contributory Contributory	fro
Marel 24, 1913, to May 8, 19 hat I last saw h 1913, to May 8, 19 hat I last saw h 1913, to May 8, 19 hat I last saw h 1913, to May 8, 19 hat I last saw h 1913, to May 8, 19 hat I last saw h 1913, to May 8, 19 (Duration) 1913, Mos. (Signed) 1913, (Address) 1913, Mos. (State the Disease Causing Death, or, in deaths from Violence of the Causing Death, or in deaths from Violence of the Causing Death, or in deaths from Violence o	
de that I last saw h	
de that I last saw h	
(Duration) Contributory (Secondary) (Duration) (Duration) (Duration) (Duration) (Secondary) (Duration) (Duration) (Secondary) (Duration) (Secondary) (Duration) (Secondary)	Ph
(Duration) yrs. 2 mos. Contributory (Secondary) (Boration) yrs. mos. Signed) Joseph	* * * * * * * * * * * * * * * * * * *
(Duration) yrs. 2 mos. Contributory (Secondary) (Boration) yrs. mos. Signed) Joseph	* * * * * * * * * * * * * * * * * * *
(Duration) yrs. 2 mos. Contributory (Secondary) (Doration) yrs. mos. Signed) Joseph	
Contributory (Secondary) (Doration) yrs. 3 mos (Doration) yrs. mos Signed) Joseph Josep	d
Contributory (Secondary) (Doration) yrs. 3 mos (Doration) yrs. mos Signed) Joseph Josep	d
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Contributory (Secondary) (Beration) yrs mos mos mos yrs glade yrs (Address) Secondary yrs mos mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr	d
Contributory (Secondary) (Beration) yrs mos mos mos yrs glade yrs (Address) Secondary yrs mos mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr	d
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(Secondary) (Boration) yrs mos. Signed) Address) Address Party or in deaths from Viol	
Signed) Morles Scaller , , 1912 (Address) Scaller and Carlot State the Disease Causing Death, or, in deaths from Viol	*****
Signed) Morles Scaller , , 1912 (Address) Scaller and Carlot State the Disease Causing Death, or, in deaths from Viol	ď
*State the DISEASE CAUSING DEATH, OF, in deaths from Viol	
*State the DISEASE CAUSING DEATH, or, in deaths from Viol	M. 1
*State the DISEASE CAUSING DEATH, or, in deaths from Viol	-
*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJUEY; and (2) whether ACCUTAL, SUICIDAL, or HOMICIDAL.	
	ENT DEN-
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS	ENT
OR RECENT RESIDENTS)	
In the	
f death yrs mos ds. State yrs mos	d
Where was disease contracted,	
f oot at place of death?	
ormer or	
isual residence	
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	

Pondlown May 10, 11	********
OUNDERTAKER ADDRESS	1.3
Oradleyx Sports Crumpto	11.3



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not minc, etc. statement. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharcause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchonneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronic "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:

PERMANENT INK-THIS UNFADING

RECORD

stated EXACTLY.

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should

AGE

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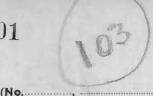
σ'n

Viilage or City

PHYSICIANS should state of OCCUPATION is very County..... Exact statement properly classified. carefully supplied. certificate. In plain terms, so ō of information should be DEATH in plain terms, so See Instructions on back CAUSE OF Important.

1 PLACE OF DEATH

6801



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.

ADDRESS

	2 FULL NAME Wash Brown	or ottoor and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
	ATE OF BIRTH Hont Know	17 I HEREBY CERTIFY, That I attended deceased from
7 A	(Month) (Day) (Year) GE	and that death occurred on the date stated above, at 10 A m The CAUSE OF DEATH * was as follows:
(a ps	CCUPATION) Trade, profession, or rficular kind of work General nature of industry,	Neute Indigestin
9 B	iness, or establishment in ich employed (or employer) IRTHPLACE (tate or country) Queen Queen Plad	Contributory (Secondary) (Duration)yrsmos. / hr ds
S	10 NAME OF FATHER Work Bordley -	(Signed) W. Jeen Fish, M. D. M. 7-29-, 1913. (Address) Centreville M. u.
OFFATHER (State or country) Queen Owne (6 - Md - 12 MAIDEN NAME		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
d	13 BIRTHPLACE OF MOTHER (State or country) Queen anne P. hid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
14-	(Informant) Centre of My KNOWLEDGE (Address) Centreville Md R. F. A.	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1-30 mis Marshinger	Burisville Ald June 1st, 1917

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

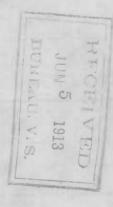


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is idefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal scottchae etc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock." "Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," _ (name origin; "Candeath), 29 State cause for Examples:



PHYSICIANS RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

Cou	inty	um an		The second second	N=	CERTIFICATE Regis	OF DEATH
VIII	lage or Cit	NAME Se	lus Les	- Eur		st;W	(ard) [If death occurred a hospital or institution of street and number
	PERSO	NAL AND STATIST	ICAL PARTICULA	ARS		MEDICAL CERTIFICATE	OF DEATH
3 SEX		4 COLOR OR RACI	1	ing le	16 DATE OF DE	(Mont)	(Day) (Year
8 DAT	E OF BIRT	H J	n) (Day)	, 1869 (Year)	Oct 1)		ray 16/ 191
7 AGE		44 yrs. 3		If LESS than 1 day, hrs. ORmin.?	11	occurred on the date sta	ited above, at / a
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, businass, or establishment in which employed (or employer)			6	arinoma	- y 13ram		
			Contributor	(yrsmos		
	THPLACE te or country ONAME OF FATHER	James James	Come Co		(Secondary)	valu (Duration)	yrsmos
ENT	2 MAIDEN	NAME B	sn ann	e Colh	CAUSES, state	OISEASE CAUSING DEATH, (1) MEANS OF INJURY; c, or HOMICIDAL.	or, in deaths from Violen and (2) whether Accide
1	OF MOT OF MOTH (State or co	ACE 3/1	of Cum	e Wh	18 LENGTH OF OR RECENT R At place	RESIDENCE (FOR HOSPIT ESIDENTS) In 11	ALS, INSTITUTIONS, TRANSIEN 16 yrs, mos,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) May Emil -			Where was disaase	contracted, eath?			
15	(Address)	Mary of	Phionil		19 PLACE OF E Audler 20 UNDERTAK	surial or removal	most 18 1910
Filed 1224 7 191 R N Phillips REGISTRAR			DITTERIAR	14 11	Midlusvill		



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can he known. The question mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Lahorer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing draft (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosts of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. mere symptoms or terminal conditions, such as "Asmant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds. (Recommendations on statement of (name origin; "Can-Never report For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH Office Summary & 6803	STATE OF MARYLAND CERTIFICATE OF DEATH
County All Sumaime to	Registration Dist. No. 952
Village or City Myr aulbs (No. No. 2 FULL NAME aunie Clizabetto C	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurale 4 COLOB OR RACE 5 SINGLE, MARRIED, Single Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Nay) (Year)
6 DATE OF BIRTH Sefu. 29, 1958 (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from find 27 1913, to Hary 16 1913, that I last saw har alive on Assay 16 1913.
7 AGE 1 t LESS than 1 day,hrs. 0 cmin.?	and that death occurred on the date stated above, at 3,30 f.m., The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lo which employed (or employer) BIRTHPLACE (State or country)	(Duration) — yrs — mos. 21 ds. Contributory Obecalcus of Hust (Secondary)
OF State or country) 10 NAME OF FATHER & Cornyan OF State or country) 11 BIRTHPLACE (State or country)	(Signed) yrs mos ds. (Signed) , M. D. (Signed) , M. D. *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME Grary Willoughby 13 BIRTHPLACE OF MOTHER (State or country) Devolute Co MM	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A1 place In the of death yrs mos ds. State yrs mos ds.
(Informant) (Address) And Address)	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 5-18, 1913 May Gurner Jaca REGISTRAR	Centreville Md May 12, 1913. 20 UNDERTAKER ADDRESS Low Gentreville
If more blanks are needed, address State Registral	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salcsman,

Statement of cause of death—Name, first, the disease causing death—In always the same accepted the filme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ "Contributory." Accidental drowning; Struck by railway train-acci--Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhanstion," Never report the head Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

County Que auce	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252
Village or City Slaw (No,	St.; Ward) Flower St.; ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurale Colored Saingle, MARRIEO, Juigle On Wildowso, On Olivences (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lettended deceased from
6 DATE OF BIRTH Aug. 19/3 (Month) (Day) (Year)	that I last saw har allve on way 23, 1913.
7 AGE If LESS than 1 day,hrs. ORmio. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Frade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 2	(Duration) yrs mes 20 ds. Contributory (Secondary) Mashe (Buretion)
10 NAME OF SLO. Flames 11 BIRTHPLACE OF FATHER (State or country) Talbox Co. MA 12 MAIDEN NAME OF MOTHER COVA Vichols	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Lucur ame Com	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds.
(Informant) Controvelue (Address)	Where was disease contracted, If not at place of death? Former or usual residence
Filed 26 th 1843 Hayturner Jack REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the desired to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. mia," "PUEBPEBAL peritonitis," etc. State cause for oma. Narcoma. etc., of _______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.] "Contributory." Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report For VIO-



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very A PERMANENT RECORD stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s important.

PLACE OF DEATH

6805



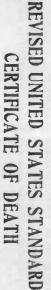
STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St: Ward)

[It death occurred in a hospital or tostitution.

	* FULL NAME Sallie Pond		give its NAME instead of street and oumber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3 SI	Amuele While, Single, Manual (Write the word)	(Month) 17 I HEREBY CERTIFY. That I attent	(Day) (Year)
6 D	(Month) (Day) (Year)	1913, to 15 - 2 1 that I last saw h alive on	1913
7 A	If LESS than 1 day,	and that death occurred on the date stated above The CAUSE OF DEATH* was as follows:	at 2 a m,
(a) pa (b) bus	CCUPATION) Trade, profession, er rticular kind et work	(Duration) yrs.	nos ds-
1S SE	10 NAME OF FATHER JASSES INCLASSES 11 BIRTHPLACE OF FATHER	Contributory (Secondary) Have (Duration) (Signed) (Signed) (Signed) (Address)	rutte, M. D.
PAREN	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deat CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF RECENT RESIDENTS) At place In the of death yrs mos 27 ds. State yrs.	whether Acciden-
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)		Where was disease contracted, If not at place of death? Former or usual residence	
15 Fil	ed may 30, 191 3 RH Phillips REPISTRAN	Sudlerentle ma 20 UNDERTAKER 166 Thlom Ba	GOF BURIAL 43/4,1912 RESS rlay md
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	/



[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. (a) Spinner, essary to know For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

genital," "Senile," etc.), ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purperal scptichac etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Never repor Examples: For VIO-



RECORD PERMANENT BINDING 4 0 INK ESERV UNFADING MARGIN WITH

state Very pinous OCCUPATION IA PHYSICIANS of statement EXACTLY. classified. pe should properly supplied. be may certificate. 80 50 pe terms, pinous UO plain instructions Information 5 EATH PE Item OF mportant. 12 Every

M

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. .. Ilf death occurred in Village or City (No. St .:.....Ward) a hospital or Institution. give Its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Kear) 7 AGE If LESS than and that death occurred on the date stated above. t day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary, (State or country) 10 NAME OF FATHER. (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES; state (1) MEANS OF INJURY; and (2) whether ACCIDEN-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country At place in the _____ yrs. ____ mos. ____ ds. State Where was disease contracted. If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRES REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

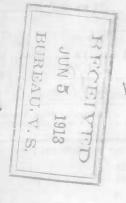


[Approved by U. S. Census and American Public Health
Association.]

statement. material worked on may form part of the second CAUSINO DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. 'If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborerthe nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Putrperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis "Contributory." Bronchopneumonia (secondary), 10 ds. nant neoplasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of or HOMICIDAL, or as probably "Dropsy," _ (name origin; "Can-The nature of the "Exhaustion," Never report



V. S. No. 1.

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(a) par (b)	Trade, ticular Gener ness,
16	10 p
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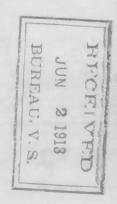
Co	PLACE OF DEATH Unity Quentaune 6807	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.254
Vi	llage or City Lycknillo (No. ,	St.; Ward) [It death occurred a hospital or institution give its NAME insternation of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale 4 COLOBOR RACE SSINGLE, MARRIED, MODIVORCED, ORDIVORCED (Write the word)	Month) (Day) (Year)
6 D /	Treb. 13-, 1886. (Month) (Day) (Year)	that I last saw have alive on Bray 1 1913
(a) par (b) busi	Trade, protession, or Combannan General nature of industry, ness, or establishment in Combannan It LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at Proposed The CAUSE OF DEATH* was as follows: Arachive School on the of from lund of the follows on the of from lund of the follows on with the follows on the office of the follows on the office of the follows on the original of the original original of the original
	RTHPLACE ate or country)	Contributory Leurophage Drain (Secondary) (Quration) yrs mos d
PARENTS	10 NAME OF FATHER & Strung 11 BIRTHPLACE OF FATHER (State or country) Or chester Co	(Signed), 1913 (Address)
P/	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
	Informant) Williston Corolin Co Ing	Where was disease contracted, It not at place of death? Former or usual residence
16 File	ed 5/17 1913 MoleMalonion. 25-4 Local By REGISTRAR	Leonord M. d. 3/19 1913 20 UNDERTAKER ABDRESS WILL M. Connor Queenton =
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the diberable causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras genitai," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



STATE OF MARYLAND 1 PLACE OF DEATH state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Registration Dist. No. [It deeth occurred in St.: Ward) a hospital or Institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED, (Month) (Day) Black ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 853 ciassified. (Day) (Year) It LESS than TAGE and that death occurred on the date stated above, at 12. should 1 day hrs. The CAUSE OF DEATH * was as follows: 60 OR min. ? properly 8 OCCUPATION (a) Trade, protession, or particular kind of work supplied. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory... (Secondary) 9 BIRTHPLACE (State or country) = 10 NAME OF FATHER (Signed)... 9 pe Man. 23 back , 191.3. (Address) 11 BIRTHPLACE terms, RENTS OFFATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME of into.
DEATH in praag instructions of OF MOTHER d 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death yrs. mos. ds. (State or country) State yrs. mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place of death? Former or Item OF usual residence Every item CAUSE OF Important. OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR ż It more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore ar essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral schtichaecause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. equivalent heart disease; Chronic interstitial rephritis nunt neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convultions," "Debility" ("Con-The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all gneetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYCETVED

JUN 5 1913

BUREAU, V.S.

	hould state
RECORD	PHYSICIANS &
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY,	N. B.—Every Item of Information should be carefully sur CAUSE OF DEATH in plain terms, so that it ms important. See instructions on back of certificate.

1 PLACE OF DEATH County Zulen anne 6809
Village or City lentreville (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

...St.;.....Ward)

[It death occurred in a hospital or institution,

	FULL NAME Elnora Kilson	ot street and numbor.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 si	ex 4 color or race 5 single, movied married, wildowed, or Divorced (Write the word)	16 DATE OF DEATH May (Year)	
6 D	March — , 1865	17 I HEREBY CERTIFY. That I attended deceased from Jun 5- 1913, to May - 8 , 1913, that I last saw h & alive on May - 7 , 1913	
7 A		and that death occurred on the date stated above, at 7	
(a) pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in	(Duration) yrs 6 mos ds	
	IRTHPLACE (State or country)	Gontributory Secondary	
	10 NAME OF William Earle	(Signed) W. Jewy J. M. D.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Queen Conne College 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PAF	13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the	
	(Informant) Lesse State of My Knowledge (Informant) Lesse States States Husbard	ot death	
16	(Address) Centreville md.	Buttonfoldernd 5- 11-,1918	

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinai meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcho

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genitai," "Senile," etc.), "Dropsy," "Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mcreiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion,"



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Very 6810 PHYSICIANS should of OCCUPATION IS PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH 14 classified. (Day) (Month) pe 7 AGE P no properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work supplied (b) General nature of industry, be business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) that it r carefully 10 NAME OF FATHER of pe back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country should 12 MAIDEN NAME of information s DEATH in plain See instructions plain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE item CAUSE OF Important. OF 15 0 z

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE

Month

was as follows

(Duration)

(Duration)

In th

ADDRESS

(Address)

State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITA

19 PLACE OF BURIAL OR REMOVAL

OR RECENT RESIDENTS)

ot death yrs. mos. Where was disease contracted.

If not at place of death?

20 UNDERTAKER

usual residence

MEDICAL CERTIFICATE

I HEREBY CERTIFY, The

16 DATE OF DEATH

that I last saw h

Contributory.

(Secondary)

(Signed)

At place

The CAUSE OF DEATH*

and that death occurred on the date sta

Parrier

(Year)

If LESS than

t day, hrs.

OR ?

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

Registration

OF	DEA	TH	
Dist.	No	52	
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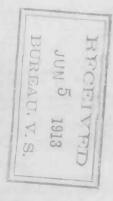


[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (g)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci sucb, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. cbildbirth or miscarriage, as "Purperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report "Contributory." The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," Tracmla," "Weakness," (name origin; "Can State cause for Examples:



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1 PLACE OF DEATH Queen anne

6811

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred lo a hospital or institution. give its NAME Instead

.....Ward) James hi Daniel In ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Sugle WIDOWED. Calaxed ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at # Q. t day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, protession, or Broncho - Pnemen particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF Taures In Daniel FATHER 11 BIRTHPLACE ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place OF MOTHER (State or country) Luces acure In the ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. it not at place of death? Former or usual residence DATE OF BURIAL 15

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

Every item CAUSE OF important.

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Instructions

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OF



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Turrerral septichae. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent "Old Age," "Shock." 'Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-State cause for "Exhaustion," Never report Examples:



Village or City My Mills (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25 4 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLORDR RACE MARRIED, Married MODWED, ORDIVORCED (Write the word) DATE OF BIRTH MAY 1857	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (All 1) (193) (that I last saw here ally on Mary / 4 1913
(Month) (Psy) (Year) AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 2.30 cm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Oclaware	Contributory Malkaulaulau (Secondary) (Duration) (Duration) (Secondary) (Duration) (Duration) (Secondary) (Secondary)
10 NAME OF FATHER COOK Stickman 11 BIRTHPLACE OF FATHER (State of Country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed) (State the DISEASE CAUSING DEATH, by, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place lo the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) Lightigh Morris (Address) Moldfloor	Where was disease contracted, If not at place of death? Former or USUAI residence
Filed J/O 1913 / Docal REGISTRAR	20 UNDERTAKER Talkoz Coo ADDRESS ADDRESS ALLENSTON Zuenston Za
Off more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "A sart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), valvular heart discase; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 de.; (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 2 1913
BUREAU, V.S.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

carefully supplied.

See Instructions on back of certificate.

of information should be DEATH in plain terms, so

CAUSE OF Important.

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RECORD

	1 PLAC	CE OF D	PEATH		6813	
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	- 0		THE STATE OF THE S			

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 254

..St.;.....Ward)

[If death occurred to a hospital or Institution, give Its NAME Instead of street and number.]

JLL NAME JOHN JACK	
RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)	that I last saw her alive on May 12 1913,
yrs. mos. 9 ds. or min.?	and that death occurred on the date stated above, at 10 A.m. The CAUSE OF DEATH* was as follows:
ission, or of work	
ture of Industry, stablishment in (or employer)	(Duration) yrs. mos. ds.
untry) maryland	(Secondary) (Operation) (Dyration) (Dyration)
FOR Char O'llmil	(Signed) Januar Pree, M. D. May 12, 191 3 (Address) Summer.
HPLACE FATHER e or country) LINUA LAURA EN NAME O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
HPLACE OF COUNTRY MEANY Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Thomas O Linnell	Where was disease contracted, If not at place of death?
ss) Forks Stre Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
12 1913 Wellboren 254 Forcer REGISTRAR	20 UNDERTAKER ADDRESS Maybelown Lumber
more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childhirth or miscarriage. as "Puzzpural septichaccause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleai operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," niere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-"Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debiity" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Measles (disease causing death), 29 "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH should si Noi Registration Dist. No. OCCUPATION fif death occurred in PHYSICIANS St.:---Ward) a hospital or institution. RECORD give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ERMANENT 16 DATE OF DEATH S SINOLE, 3 SEX 4 COLOR OR RACE MARRIED, MG WIDOWED, BINDING ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH stated (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above. pinode 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, supplied. pe business, or establishment in may which employed (or employer) Contributory.... certificate. 9 BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER 0 of 80 OF FATHER (State or country) back terms, ARENT pinous *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER of death yrs. mos. State (State or country) DEATH Where was disease contracted. If not at place of death?... 00 Former or Item OF usual residence... mportant. Every It OR REMOVAL DATE OF BURIAL 15 DDIESS m RECISTRAR 11 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

Accidental drowning; Struck by railway train-accimia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purpreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant ncopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio



MARGIN RESERVED FOR BINDING

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PHYSICIANS should OCCUPATION Exact statement classified. properly AGE carefully supplied. may certificate. that It 80 30 pe back terms, should uo piain instructions Information = DEATH jo Item OF mportant. Every It

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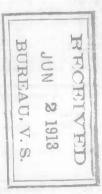
PLACE OF DEATH 815 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-4 [If death occurred in .Ward) a hospital or institution, give its NAME lostead et street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX MARRIED. WIDOWED, Write the word) I HEREBY CERTIFY. That I attended deceased from 5 DATE OF BIRTH (Year) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, Sr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. ___ State yrs, ____ mos. ds. Where was disease contracted. if oot at place of death? usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR It more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is fidefinite); Tubercutosis of lungs, meninges, periionacum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal septichaecause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dont; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERFERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chrowie ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For vio-



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions of New Act of settlings. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Go	PLACE OF DEATH 6816 unty Queen annes Moto	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25-3
Vi	liage or City Stevensville (No	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and comber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARWIED, Jung le Grale Write the word)	18 DATE OF DEATH Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
BDA	(Month) (Day) (Year)	that I last saw h muselive on May 13, 191 B
7 AG	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 mm. The CAUSE OF DEATH* was as follows:
(a) part (b) busin whice	Trade, profession, or "It or steed in drug Store icular kind of work General nature of Industry, ess, or establishment in Sharfu & Wohne hemployed (or employer)	Dulie onery and detection Dulier (Duration) Signs yes mos ds
(St	THPLACE ate or country) Sucen Conner Country Mon. 10 NAME OF FATHER Charles & John	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) Jule ames County Md 12 MAIDEN NAME, OF MOTHER OF MOTHER		*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
/d	of Mother Emma To. Anderson 13 BIRTHPLACE OF MOTHER (State or country) Tent County Mch.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mcs, ds.
	informant) Charles 6, Jolson	Where was disease contracted, if not at place of death? Former or usual residence.
15 File	(Address) Stevensville md 1 May / 4, 1913 J. C. Thomas REGISTRAR	18 PLACE OF BURIAL OR REMOVAL Liversville Cemetery ma 15. May, 1813 20 UNDERTAKER Lugh address Slevensville Ma
		ir, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S.-Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-



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Very 10 should OCCUPATION PHYSICIANS 0 statement EXACTLY. Exact classified. pe should properly supplied. pe may certificate. that 80 ō back terms, should 00 plain Instructions nformation EATH IN 0 ā OF mportant. Every It 0

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fif death occurred to .Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED, WIKE 3 SEX 4 COLOR OR RACE WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH, 191....., to... (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment lo (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted. If not at place of death?.. usual residence..... DATE OF BURIAL 15 20 UNDERTAKES ADDRESS REGISTRA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion, (name origin; "Can-Never report Examples: For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH

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Village or City level Current If death occurred in St:....Ward) of street and number. 1 lulhour MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX MARRIED, WIDOWED, NO ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) It LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death State vrs. mos. yrs. mos, ds. Where was disease contracted. It not at place of death?..... Former or nsual residence. DATE OF BURIAL 15

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